

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/230,240
Filing Date	August 28, 2002
First Named Inventor	James T. Cash
Group Art Unit	
Examiner Name	
Attorney Docket Number	MT-129

I hereby appoint:

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Mitchell D. Bittman	27,517
Kevin S. Lemack	32,579

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mitchell D. Bittman, Esq.				
Address	Sequa Corporation				
Address	Three University Plaza				
City	Hackensack	State	N.J.	Zip	07601
Country	USA				
Telephone	(201, 343-1122)	Fax	(201, 488-2014)		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James T. Cash	Ken Wendorf	Glenn Schmidt
Signature			
Date	4/19/02	11-19-02	11-19-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

<b>Attorney Docket Number</b>		MT-129,230
<b>First Named Inventor</b>		James T. Cash
<b>COMPLETE IF KNOWN</b>		
<b>Application Number</b>	10 / 230,240	
<b>Filing Date</b>	August 28, 2002	
<b>Group Art Unit</b>		
<b>Examiner Name</b>		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DUAL LIFT SYSTEM**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **August 28, 2002**

as United States Application Number or PCT International

(if applicable).

Application Number

**10/230,240**

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name Mitchell D. Bittman

Address Sequa Corporation

Address Three University Plaza

City Hackensack State NJ ZIP 07601

Country U.S.A. Telephone (201) 343-1122 Fax (201) 488,2014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name James T. Family Name or Surname Cash

Inventor's Signature  Date 11/19/02

Residence: City Hackettstown State NJ Country US Citizenship US

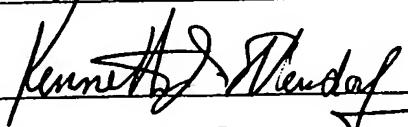
Mailing Address 621 Madison Street

Mailing Address

City Hackettstown State NJ ZIP 07840 Country US

NAME OF SECOND INVENTOR:

Given Name Ken Family Name or Surname Wendorf

Inventor's Signature  Date 11-19-02

Residence: City Green Bay State WI Country US Citizenship US

Mailing Address 1013 Neville Avenue

Mailing Address

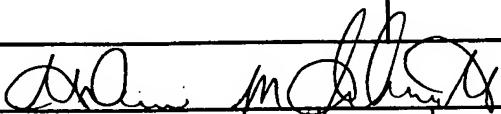
City Green Bay State WI ZIP 54303 Country US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Glénn			Schmidt				
Inventor's Signature						41-19-02	Date
Residence: City	Green Bay	State	WI	Country	US	Citizenship	US
Post Office Address	2223 Cumberland Drive						
Post Office Address							
City	Green Bay	State	WI	ZIP	54311	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.